

# COMPLIANCE CHECKLIST

## ► Outpatient Diagnostic Facilities

The following Checklist is for plan review of clinic and hospital outpatient facilities, and is derived from the AIA Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000, Clinic Licensure Regulations 105 CMR 140.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II. A separate Checklist must be completed for each outpatient department.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

### Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (\_\_\_\_) of this Checklist must be filled in with one of the following checklist symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (\_\_\_\_) before the section title (e.g. E EXAM ROOMS). If more than one space serves a given required function (e.g. exam room), two checklist symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

**X** = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.

☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.

**E** = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required support space* for the specific service affected by the project.

**W** = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).

3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **3.1-7** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
5. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
6. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**3.2-**") and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

**ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS****3.1-1.4** ENVIRONMENT OF CARE

1.4.1 ☐ Design ensures patient acoustical & visual privacy

**3.1-1.6** FACILITY ACCESS

1.6.2 ☐ Building entrance  
☐ grade level  
☐ clearly marked  
☐ access separate from other activity areas

1.6.3 ☐ Design precludes unrelated traffic within the facility

**3.2-1.3.1** PARKING

☐ Parking spaces for patients & family  
☐ at least two parking spaces for each imaging room  
☐ one space for each of the maximum number of staff persons on duty at any one shift  
(information must be provided in Project Narrative)

**2.1-5.5** GENERAL

**5.5.1.4** ☐ Floor structure adequate for specified loads

**2.1-5.5.3** COMPUTERIZED TOMOGRAPHY (CT) SCANNING

☐ check if service not included in facility

**5.5.3.1** ☐ CT scanning room sized to accommodate equipment  
☐ floor area conforms to installation plans from equipment manufacturer

☐ Handwashing station  
☐ Vent. min. 6 air ch./hr

**5.5.3.2** ☐ Control room  
(1) ☐ view window for full view of patient  
(2) ☐ control operator has view of patient's head  
(3) ☐ film or digital image processing convenient to control room

☐ Vent. min. 4 air ch./hr

**5.5.3.4** ☐ Patient toilet  
☐ located convenient to CT scanning room  
☐ direct access from scanning room & corridor **or** ☐ access from corridor only

☐ Min. 10 air ch./hr (exhaust)  
☐ Handwashing station

**2.1-5.5.4** DIAGNOSTIC X-RAY

**5.5.4.1** Radiography rooms:  
☐ check if service not included in facility  
☐ sized for equipment  
▪ min. 180 sf (except for chest X-ray only)

☐ Handwashing station  
☐ Vent. min. 6 air ch./hr

**5.5.4.2** Tomography rooms:  
☐ check if service not included in facility  
▪ min. 250 sf  
☐ separate toilet rooms  
☐ direct access from R/F room  
☐ direct access to corridor

☐ Handwashing station  
☐ Vent. min. 6 air ch./hr  
☐ Handwashing station  
☐ Vent. min. 10 air ch./hr (exhaust)

**5.5.4.2** Radiography/fluoroscopy rooms:  
☐ check if service not included in facility  
▪ min. 250 sf  
☐ separate toilet rooms  
☐ direct access from R/F room  
☐ direct access to corridor

☐ Handwashing station  
☐ Vent. min. 6 air ch./hr  
☐ Handwashing station  
☐ Vent. min. 10 air ch./hr (exhaust)

**ARCHITECTURAL REQUIREMENTS**

- Policy Bone densitometry rooms:  
☐ check if service not included in facility  
☐ sized for equipment
- 5.5.4.3** Mammography rooms:  
☐ check if service not included in facility
- A5.5.4.3** ☐ min. 100 sf
- 5.5.4.4** ☐ Shielded control alcove at each X-ray room  
(except for mammography rooms)  
☐ view window w/ full view of patient/exam table
- 2.1-5.5.5** MAGNETIC RESONANCE IMAGING (MRI)  
☐ check if service not included in facility  
☐ Number of MRI units is **or** ☐ DoN approval letter is  
unchanged attached
- 5.5.1** ☐ MRI room  
(1) ☐ floor area conforms to installation plans from  
equipment manufacturer  
(2) ☐ min. 325 sf
- 5.5.5.3** ☐ Control room  
☐ full view of MRI
- 5.5.5.4** ☐ Inpatient holding area  
☐ convenient to MRI room
- 5.5.5.5** ☐ Computer room
- 5.5.5.7** ☐ Cryogen storage space  
☐ Super-conducting MRI  
☐ check if service not included in facility
- 2.1-5.5.6** ULTRASOUND  
☐ check if service not included in facility
- 5.5.6.1** ☐ Space to accommodate functional program
- 5.5.6.2/** ☐ Pelvic ultrasounds **or** ☐ No pelvic ultrasounds  
Policy ☐ patient toilet  
☐ accessible from  
procedure room
- 2.1-5.5.8** SUPPORT AREAS
- 5.5.8.2** ☐ Offices for radiologist(s) & assistant(s)  
☐ provisions for viewing, individual consultation &  
charting
- 5.5.8.1** ☐ Control desk & reception area
- 5.5.8.4** ☐ Consultation area for radiologist & referring clinician
- 5.5.8.5** ☐ Inpatient holding area  
☐ convenient to imaging rooms  
☐ under staff control
- 5.5.8.6** ☐ Clerical offices/spaces
- 5.5.8.10** ☐ Housekeeping room  
☐ storage space for equipment & supplies
- 5.5.8.11** ☐ Clean storage, for clean linen & supplies
- 5.5.8.12** ☐ Soiled holding
- 5.5.8.14** ☐ Locked storage for medications

**MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**

- ☐ Handwashing station  
☐ Vent. min. 6 air ch./hr
- ☐ Handwashing station convenient  
to MRI room  
☐ Vent. min. 6 air ch./hr
- ☐ Magnetic shielding
- ☐ Vent. min. 10 air ch./hr  
☐ direct separate exhaust  
☐ Cryogen venting  
☐ Emergency exhaust
- ☐ Handwashing station  
☐ Vent. min. 6 air ch./hr
- ☐ Handwashing station  
☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Service sink or floor receptor  
☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Handwashing station  
☐ Vent. min. 10 air ch./hr (exhaust)

**ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**

- 5.5.9** ☐ Staff facilities
- ☐ convenient access to staff lounge & lockers
  - ☐ toilet rooms
  - ☐ 3 or more **or** ☐ less than 3 procedure rooms
  - ☐ staff toilets within imaging suite **or** ☐ staff toilets convenient to imaging suite
- 5.5.10.3** ☐ Patient dressing rooms
- ☐ convenient to waiting and imaging rooms
  - ☐ seat or bench & mirror
  - ☐ provisions for hanging clothes
  - ☐ provisions for secure storage of valuables
- Film handling facilities:
- Policy ☐ check if service not included in imaging suite  
(only if all imaging data is digitally transmitted & recorded)
- 5.5.8.7** ☐ Darkroom
- ☐ located near procedure rooms & quality control area
- 5.5.8.8** ☐ Quality control area
- ☐ located near processor for viewing film after processing
- 5.5.8.9** ☐ Contrast media preparation room **or** ☐ Contrast media storage when pre-prepared media is used
- ☐ counter
  - ☐ sink
  - ☐ storage
- 5.5.8.13(1)** ☐ Film storage (active) room
- ☐ cabinets or shelves for filing and immediate retrieval of patient films
- 5.5.8.13(2)** ☐ Film storage (inactive) room or area
- ☐ protection from loss or damage
- 5.5.8.13(3)** ☐ Storage for unexposed film
- ☐ protection from exposure or damage
- 3.1-3** ☐ SERVICE AREAS
- 3.1.1** ☐ Housekeeping rooms
- 3.1.1.1** ☐ at least one housekeeping room per floor
  - 3.1.1.2** ☐ storage for housekeeping supplies & equipment
- 3.2** ☐ Engineering services & maintenance  
(may be shared with other departments or building tenants)
- 3.2.1** ☐ equipment room for boilers, mechanical equipment & electrical equipment
- 3.2.2** ☐ equipment & supply storage
- 3.3.1.1** ☐ waste collection & storage
- ☐ Handwashing station
- ☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Min. 10 air ch./hr (exhaust)
- ☐ View boxes with consistent lighting for comparison of several adjacent films
- ☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Floor service sink
- ☐ Vent. min. 10 air ch./hr (exhaust)

**ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS****3.1-4.1** PUBLIC AREAS

- 3.1-4.1.1** Building entrance  
     accommodates wheelchairs
- 3.2-3.1.1.3** convenient to parking  
     accessible via public transportation
- 3.2-3.1.1.2** separate entrance to outpatient facility from outside grade **or** shared lobby or elevators  
     handicapped access to outpatient facility  
     access route separate from unrelated occupied areas  
     access route separate from service areas of the outpatient facility
- 3.2-3.1.2.1** Reception & information counter or desk  
     visual control of outpatient suite entrance  
     immediately apparent from outpatient suite entrance
- 3.1.3** Waiting area
- 3.1.3.1** under staff control
- 3.1.3.2** at least two seating spaces for each imaging room
- 3.1.3.4** space for individuals on wheelchairs within waiting area
- 3.1-4.1.4** Public toilets  
     conveniently accessible from the waiting area  
     access separate from patient care or staff work areas
- 4.1.5** Telephone for public use  
     pay phone or wall-hung standard phone (local calls)  
     conveniently accessible
- 4.1.6** Provisions for drinking water  
     conveniently accessible
- 4.1.7** Wheelchair storage  
     conveniently accessible

Vent. min. 12 air ch./hr (exhaust)
Handwashing station  
Vent. min. 10 air ch./hr (exhaust)
**3.2-3.2** ADMINISTRATIVE AREAS

- 3.1-4.2.1** Interview space  
     provisions for privacy
- 3.1-4.2.2** General or individual offices for professional staff
- 3.2-3.2.1.1** Administrative office  
     provisions for privacy
- 3.2-3.2.1.2** Clerical space  
     separate from public areas
- 3.2-3.2.3** Multipurpose room  
     adequate for conferences, meetings & health education
- 3.2-3.2.4** Medical records  
     filing cabinets & space for secure patient records storage  
     provisions for ready retrieval.
- 3.2-3.2.5** Administrative supply Storage
- 3.2-3.2.6** Support areas for staff  
     staff toilet  
     staff lounge
- 3.1-4.2.5** storage for staff personal effects  
     locking drawers or cabinets  
     convenient to individual workstations  
     located for staff control

**GENERAL STANDARDS****DETAILS AND FINISHES (3.1-5.2)****Corridors (5.2.1.1)**

- \_\_\_ Min. outpatient corridor width 5'-0"
- \_\_\_ Min. staff corridor width 44"
- \_\_\_ Fixed & portable equipment recessed does not reduce required corridor width
- \_\_\_ Work alcoves include standing space that does not interfere with corridor width
  - ☐ check if function not included in project

**Ceiling height (5.2.1.2)**

- \_\_\_ Min. 7'-10", except:
  - \_\_\_ 7'-8" in corridors, toilet rooms, storage rooms
  - \_\_\_ sufficient for ceiling mounted equipment
- \_\_\_ Min. clearance 6'-8" under suspended pipes/tracks

**Exits (5.2.1.3)**

- \_\_\_ Two remote exits from each floor

**Doors (5.2.1.4)**

- \_\_\_ Doors min. 3'-0" wide

**Glazing (5.2.1.5):**

- \_\_\_ Safety glazing or no glazing within 18" of floor

**Handwashing stations locations (5.2.1.6)**

- \_\_\_ located for proper use & operation
- \_\_\_ sufficient clearance to side wall for blade handles

**Floors (5.2.2.2)**

- \_\_\_ floors easily cleanable & wear-resistant
  - \_\_\_ washable flooring in rooms equipped with handwashing stations (Policy)
  - \_\_\_ wet-cleaned flooring resists detergents
- \_\_\_ Thresholds & expansion joints flush with floor surface (5.2.1.7)

**Walls (5.2.2.3)**

- \_\_\_ wall finishes are washable
- \_\_\_ smooth & moisture resistant finishes at plumbing fixtures

**ELEVATORS**

- |   |           |  |
|---|-----------|--|
| <ul style="list-style-type: none"> <li>___ Provide at least one elevator in multistory facility               <ul style="list-style-type: none"> <li>___ wheelchair accessible</li> <li>___ each elevator meets requirements of <b>3.1-6.2</b></li> </ul> </li> </ul> | <b>or</b> | <ul style="list-style-type: none"> <li>___ Each floor has an entrance located at outside grade level or handicapped accessible by ramp from outside grade level</li> </ul> |
|---|-----------|--|

**PLUMBING****Handwashing station equipment**

- \_\_\_ handwashing sink
- \_\_\_ hot & cold water supply
- \_\_\_ soap dispenser
- \_\_\_ hand-drying provisions

**Sink controls (1.6-2.1.3.2)**

- \_\_\_ wrist controls or other hands-free controls at all handwashing sinks
- \_\_\_ blade handles max. 4½" long

**MECHANICAL (3.1-7.2)**

- \_\_\_ Ventilation airflows provided per Table **2.1-2**
- \_\_\_ Exhaust fans located at discharge end (7.2.5.3(1)(c))
- \_\_\_ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (7.2.5.4(1))
- \_\_\_ Contaminated exhaust outlets located above roof (7.2.5.4(2))
- \_\_\_ Ventilation openings at least 3" above floor (7.2.5.4(4))
- \_\_\_ At least one 30% efficiency filter bed per Table **3.1-1**